PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/662,877			ing Date 16/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
_	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE	$\neg$	N/A	LD NO	N/A		N/A	TEE (a)	l	N/A	TEE (0)
┢	(37 CFR 1.16(a), (b), SEARCH FEF	or (c))		-					ł	<del></del>	
H	(37 CFR 1.16(k), (j), (		N/A	_	N/A		N/A		l	N/A	
TO	(37 CFR 1.16(a), (p),		N/A		N/A		N/A		l	N/A	
(37	CFR 1.16(i)) EPENDENT CLAIM	IC .	minus 20 = *				x \$ =		OR	x \$ =	
	CFR 1.16(h))		minus 3 =			ļ	x \$ =		ı	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawings exceed sheets of paper, the application size fee is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. \$ 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(								
	MULTIPLE DEPEN	7 CFR 1.16(j))	]			1					
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								]	TOTAL	
	APP	OED - PART II (Column 2)		OTHER THAN SMALL ENTITY OR SMALL ENTITY							
AMENDMENT	03/23/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))	• 60	Minus	<b>~</b> 60	= 0	1	x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 3	Minus	***3	= 0	1	x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus		=	1	x \$ =		OR	x \$ =	
Σ	Independent (37 CFR 1.16(h))	•	Minus	***	=	]	x \$ =		OR	x s =	
ᇳ	Application Size Fee (37 CFR 1.16(s))					]			]		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write 10° in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost figured by the USFTO to monoceasi an implication. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection in estimated is taking to 12 invalidate to complete is exceeding pulmentary, preparing, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.